TRAVEL EXPENSE CLAIM

STD. 262 (REV. 7/2005)

*See Instructions and *Privacy
Statement On Reverse Side*

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CLAIMANT'S NAME	SSN or EMPLOYEE NUMBER*	DEPARTMENT
Oswald Steward	███████	

POSITION	CB/ID No.	DIVISION or BUREAU	INDEX NUMBER
ICOC Board Member		CIRM	

RESIDENCE ADDRESS *	HEADQUARTERS ADDRESS	TELEPHONE NUMBER
	210 KING ST, 3RD FLOOR	(415) 396-9255

CITY	STATE	CITY	STATE	ZIP CODE
███████		San Francisco	CA	94107

(1) MONTH/YEAR Feb 10	(3) LOCATION WHERE EXPENSES WERE INCURRED	(4) LODGING	(5) MEALS				(6) INCIDEN-TALS	(7) TRANSPORTATION						(8) BUSINESS EXPENSE	(9) TOTAL EXPENSES FOR DAY
(2) DATE / TIME			BREAK-FAST	LUNCH	O.T., L/T, N/C, RELO. OR DINNER			(A) COST OF TRANS.	(B) TYPE USED	(C) CARFARE, TOLLS, PARKING	(D) PRIVATE CAR USE				
											MILES	AMOUNT			
2/07 5:00 21:00	IRVINE/SAN FRNACISCO				32.35		(407.10)	30.00			31	15.81		485.26
														0.00
														0.00
														0.00
														0.00
														0.00
														0.00
														0.00
														0.00
														0.00
														0.00
														0.00
														0.00
														0.00
(10) SUBTOTALS		0.00	0.00	0.00	32.35	407.10	30.00			0.00	31	15.81	0.00	485.26
COLUMN CODE (ACCTG. USE ONLY)														
CLAIM TOTAL														485.26

(11) PURPOSE OF TRIP, REMARKS AND DETAILS (Attach receipts/vouchers when required)

ATTEND GRANTS WORKING GROUP MEETING IN SAN FRANCISCO, CA
(FEBRUARY 7TH, 2011)

*TAXI RECIEPT FOR $12.00 WAS LOST
*ADDITIONAL AIRFARE WAS DUE TO MEETING RUNNING OVE THE ORGINAL MEETING
SCHEDULED TIME.

(12) NORMAL WORK HOURS
███████

(13) PRIVATE VEHICLE LICENSE NUMBER
███████

(14) MILEAGE RATE CLAIMED
.51

AGENCY ACCOUNTING OFFICE USE ONLY

PAID BY REVOLVING FUND CHECK NUMBER

(15) I HEREBY CERTIFY That the above is a true statement of the travel expenses incurred by me in accordance with DPA rules in the service of the State of California. If a privately owned vehicle was used, and if mileage rates exceed the minimum rate, I certify that the cost of operating the vehicle was equal to or greater than the rate claimed, and that I have met the requirements as prescribed by SAM Sections 0750, 0751, 0752, 0753 and 0754 pertaining to vehicle safety and seat belt usage.

CLAIMANT'S SIGNATURE	DATE	(16) SIGNATURE OF OFFICER APPROVING TRAVEL AND PAYMENT	DATE
███████	3-17-11	███████	3/23/11

(17) SPECIAL EXPENSE AUTHORIZATION - SIGNATURE and TITLE *(See Item 17 on reverse)*		DATE